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HISTORIC TRENDS IN THE DELIVERY OF SERVICES TO TEENAGE PARENTS [1]

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ABSTRACT

This paper will examine the political, social, and economic factors which underlie the transition in services from unwed mothers to teenage parents over the past 15 years. The experience of agencies in the Boston area serves as the basis for this case study. Data have been collected from open-ended interviews with key service providers who have developed and implemented policy related to adolescent parents.

The findings indicate that, prior to 1960, agencies were responding to what was perceived as individual problems or circumstances. Illegitimacy was thought to be an unconscious attempt by white middle class women to fulfill psychological needs. The rediscovery of poverty resulting in the expansion of human services, and the declining utilization of maternity homes due to changing social attitudes relative to abortion and childbearing led to the creation of comprehensive service programs for adolescent parents. Unlike their predecesors, these programs were designed to serve a younger, black population that planned to keep its infants. The reorganization of the service system, however, still failed to address the problem of white working class adolescents who comprise the greatest number of teenage parents.

The last 15 years have witnessed the creation of a vast array of specialized services for pregnant adolescents. Prior to the development of such programs, little help was available to this group. Some youthful pregnant girls found assistance in the maternity homes that worked cooperatively with child welfare agencies. These programs were, however, designed to provide shelter for a group of largely white, middle class, past-adolescent women who had become pregnant out-of-wedlock. Casework services at these homes sought to encourage the mothers to release their infants for adoption so they could be raised in a more advantageous environment and the mothers could resume their "normal life course" following delivery. Since most of the residents were over

18, there was no need for educational services. In addition, most pregnancies and deliveries were normal, so they required only conventional medical care.

In marked contrast, the 1960's and 1970's saw the development of comprehensive service programs specifically designed for pregnant girls who were still of school age and who in most cases planned to keep their children. School age mothers had been found to be at greater risk than women who bore their children later in life (Klerman and Jekel, 1973; Furstenburg, 1976; Presser, 1978). These young women and their children suffered worse medical outcomes. They typically dropped out of school, and they were faced with the problems of completing their own adolescence while raising a young child. As a result, the comprehensive service programs offered a combination of medical, educational and social services throughout the prenatal period to help alleviate the consequences of adolescent childbearing.

In order to explain this shift in service delivery it is necessary to consider what happened during the sixties that resulted in the redefinition of three aspects of the service delivery system: (1) of the problem, from illegitimacy to adolescent parenthood; (2) of the service population from white middle class young women who planned to place their infants for adoption to low income, primarily minority, adolescents who plan to raise their own children; and (3) of the service needs, from intensive casework around the issues of loss and fulfillment to a comprehensive approach including medical, educational, and social services.

Certainly one factor which led to these changes was the rapid increase in the number of pregnancies and deliveries to school age women (Baldwin, 1976). Much of the current literature on teenage pregnancy has placed the main issues of the field in the context of changing demographic trends. It is common for articles to begin with a statistical description of patterns of adolescent sexuality and reproduction. A publication of the Allan Guttmacher Institute (1976) goes so far as to speak of adolescent pregnancy as an "epidemic". While such studies adequately document the extent of need, they do not explain the shape services take at a particular time. If one is to understand both the development of new models of services to school-age parents and the problems for which solutions still must be found, it is necessary to look beyond demographic changes and to examine the impact of social movements.

It is the contention of this paper that the black protests in the sixties and the women's movement both shaped the response to the rapid

increase in the number of adolescents bearing children. Black protests greatly influenced the redefinition both of the problem and of the population which was to receive the newly defined comprehensive services; further, the women's movement helped to create new options for those women who had previously gone to maternity homes to conceal an out-of-wedlock pregnancy. A review of the situation also demonstrates that one group is still not receiving comprehensive services. These are white, working class adolescents whose births far outnumber those of blacks. Similarly, their exclusion from the service sector must be analyzed in terms of these two social movements.

BLACK PROTEST

By 1960, the economic and social dislocation which had begun during the preceding decades had been brought forcefully to the attention of the American public. Books such as Harrington's The Other America not only documented the extent of poverty in the United States, but also demonstrated the association between poverty and race. Over a 20-year period more than one quarter of the black population had migrated from the South to Northern industrial cities. During the same period, black unemployment rose to a level two times greater than white.

The dislocation of black families was also marked by growing social unrest. Following the 1954 Supreme Court decision in Brown v. the Board of Education, the civil rights movement developed a strong, active base in the South. By the early sixties, the movement had come North. The ghetto protests started with demonstrations against disparities in social conditions and ended in several summers of rioting.

The government responded to the growing disturbances with social legislation. The programs sought to address economic and social inequities by attacking what were perceived as the psychological and social factors causing poverty. First, programs such as Head Start were designed to alter the social conditions which reinforced an individual psychology of poverty. Second, efforts such as the Community Action Programs addressed the institutional practices which sustained individual dependence on the social system.

Pregnant adolescents were viewed as victims of the poverty cycle and welfare colonialism. Adolescent parenthood was believed to be one of the factors which reinforced the frustration and apathy associated with ghetto life. Campbell's (1968) often quoted statement about the certainty of an adolescent mother's future is an excellent example of this fact:

> "The girl who has an illegitimate child at the age of 16 suddenly has 90 percent of her life's script written for her. She will probably drop out of school, even if someone else in her family helps to take care of the baby; she will probably not be able to find a steady job that pays enough to provide for herself and her child; she may feel impelled to marry someone she might not otherwise have chosen. Her life choices are few, and most of them are bad. Had she been able to delay the first child, her prospects might have been quite different..." (p. 238)

In addition, the pregnant adolescent was confronted with nonresponsive social institutions. Social service agencies were uninterested in adolescent mothers who planned to keep their children because they did not conform to the psychological theory which guided their work (Morisey, 1970). School policy, whether official or sub rosa, was to exclude pregnant girls from the classroom because the schools were not prepared to cope with the issue of teenage sexuality (Howard, 1972). And out-patient obstetrical clinics of busy city hospitals did not have the time to provide the supportive services teenagers needed (DeVise, 1969).

The development of the Webster School in Washington, D.C. in 1963 heralded a new approach to adolescent pregnancy (Howard, 1968). Like the anti-poverty programs, comprehensive service programs such as the Webster School were designed to overcome the personal and institutional barriers which confronted pregnant adolescents who for the most part, were low income and black. In practice, this meant that the young women received extended prenatal care to decrease medical risk; continued schooling to achieve economic self sufficiency; and emotional support to sustain them during a potential period of crisis.

The situation in Boston followed this developmental model. The impetus for organizing the city's first comprehensive service program came from a social worker at the Boston City Hospital, located in the black ghetto. The worker noticed that the prenatal clinic was serving a large number of adolescents who had been excluded from Boston schools. Working with a local social service agency and eventually the Boston School Department, she was able to organize CENTAUM, a program for pregnant adolescents which received funds in 1963 from the Office for Economic Opportunity. In a pattern which paralleled programs in many other communities, CENTAUM utilized the resources of several agencies to organize an alternative situation where a young woman could receive medical, educational and social services throughout the prenatal period.

The services organized in Boston subsequent to CENTAUM reflected the same pattern in terms of the scope of the problem and the population to be served. In 1969, funds from the Legal Enforcement Assistance Act were used to organize the Kennedy Home, a residential program for twelve adolescent mothers, who had been ajudicated delinquent, and their infants. The purpose of the home was to teach the mothers alternative life styles while providing a healthy environment for the infants during their first year of life.

The third Boston program which received funds from the Massachusetts Department of Education was also organized by a staff member of the Boston City Hospital. This program was developed for high risk adolescents who fell between the cracks of the service system. They were not "attractive" to the traditional social service agencies because they planned to keep their children, and they were not eligible for CENTAUM because they had already dropped out of school. This program, like CENTAUM and the Kennedy Home, provided an alternative structure for adolescents primarily from the black community.

Despite the obvious need for their services, none of these three programs survived. After a few years of serving relatively large numbers of young women, the Boston City Hospital withdrew support from CENTAUM, declaring that it was the responsibility of the Boston School System. Eventually, CENTAUM was absorbed by one of the programs described in the following section of the paper. The Kennedy Home ceased operating in 1973 due to fiscal mismanagement by its sponsoring agency. The Boston City Hospital program for high risk teens was not refunded by the Department of Education because it appeared to duplicate the services offered by CENTAUM.

Although these initial programs did not endure in the following years, new comprehensive programs which reflected subsequent changes in social policy were organized to take their place. During the sixties, the problem of adolescent pregnancy had been redefined as a result of growing Black protest and the policy of the Great Society. It was no longer the stigma of illegitimacy which concerned the social planners, but rather the contribution of adolescent parenthood to the poverty cycle and the inability of the service system to meet the needs of the population at risk. Black teenagers appeared to suffer the worst consequences in terms of poor medical outcomes, incomplete education and unstable social relations. The government had responded to newly perceived needs of the black community with a series of social action programs, including comprehensive service programs for school-age parents. These programs had ultimately been designed to ameliorate, if not alleviate, the consequences of poverty.

WOMEN'S MOVEMENT

While black protest influenced the redefinition of social problems and therefore the scope of services and population at risk, the women's movement must be examined to determine how young women from the white middle class who had formerly used maternity homes, coped with unwanted pregnancies. Their withdrawal from the social service sector is closely associated with the changing economic and social conditions which gave rise to women's liberation and ultimately to another method of responding to an unwanted pregnancy. The women's movement reemerged in the sixties out of an awareness of the subjugation of women in American society. Although women were becoming increasingly more active in the labor force, they were continually confronted by discriminatory practices in employment opportunities and wages. Not only did women find themselves exploited in the workplace, but they also became sensitive to the exploitation in their daily lives. The traditional roles of wife, childraiser, and housekeeper were perceived as ways in which women were oppressed, isolated, and infantalized.

Female activists believed that the strengths and skills of women were not being recognized. Through collective action, they felt they could achieve the changes which were important to their lives. Although women were divided between the liberal feminists, who were attempting to overcome the barriers that kept women from competing economically and politically with men, and the women's liberationists, who called for more sweeping change in terms of the social relations which shaped existing institutions, these two groups were united on the question of abortion rights. Their protest took the form of lobbying, demonstrations, and underground networks for women seeking illegal abortions.

As in the case of the ghetto revolts, the government slowly responded to the growing pressures of the women's movement. In 1967, Colorado liberalized its abortion law. In 1970, New York and Washington, D.C. both legalized abortion upon demand. Finally, in 1973, the Supreme Court ruled that states could not interfere with a woman's right to an abortion up to the age of viability.

Initially it was white middle class women who were most affected by the Supreme Court's decision. Members of this group had formed the backbone of the women's movement and the protest for the legalization of abortion. These women who had economically been able to utilize the services of the maternity homes or secure illegal abortions, could now seek them legally. Several studies have shown that white college

educated women are more likely to terminate an unwanted pregnancy by abortion than are non-white, non-college educated women (Moore and Caldwell, 1976; Rosen, 1976). This pattern has been reinforced by current legislation which prohibits the use of federal funds for all abortion related activity (CARASA, 1979).

Although there are no accurate figures regarding the utilization of abortion services in Boston, several factors suggest that they serve a large portion of white middle class women. Three of the four free standing abortion clinics are located in middle class neighborhoods: Two in Brookline, a white suburb adjacent to Boston, and one in Boston's most fashionable shopping district. Also, these clinics have have continually resisted serving Medicaid patients. Their arguments are based on inadequate fees, slow payment, and excessive requirements for documentation.

The legalization of abortion services undermined the basis of the maternity homes by creating a new option for adolescent and young women confronted with an out-of-wedlock pregnancy. The decline in maternity home utilization in Boston, following the legalization of abortion in New York is well documented. The number of residents in the homes operated by the Salvation Army, the Crittenton Hastings House and the Catholic Archdiocese dropped by one half to three quarters. The child welfare agencies saw a similar decline in the number of infants placed for adoption.

Confronted with this decline, the homes reevaluated their role in the provision of services to unwed mothers. The Salvation Army changed its focus entirely and used its Booth Home as a center for juvenile offenders. Crittenton Hastings House and the Catholic Archdiocese independently decided to concentrate most of their staff and funds on the operation of day programs for pregnant adolescents from the inner city, while maintaining their residential programs on a smaller scale. Since the women's movement had effectively created a new option for the management of out-of-wedlock pregnancy among their former white middle class clients, these agencies moved in the direction urged by the federal government and advocacy agencies. They redefined their purposes, their target population, and their services and created comprehensive service programs for a population consisting largely of black pregnant teenagers who planned to keep their babies.

PROBLEMS STILL TO BE RESOLVED

While comprehensive service programs in Boston and elsewhere seem to serve primarily minority and poverty group adolescents, and abortion clinics apparently manage the needs of the white middle class adolescents and young women, few programs address the needs of a group which can be loosely characterized as the white working class. Granted, the working class was not politically visible during the sixties when social services were realigned and therefore, may have been disregarded in the development of new social service models. However, because births to white teenagers far exceed in number those to blacks, this group cannot continue to be ignored. In Massachusetts in 1970, there were 8,705 births to white women 19 years and under and 1,091 births to black women in this age cohort, even though the black birth rate exceeds that of the whites (Annual Report of Vital Statistics, 1970).

The literature on school age parents pays little attention either to the paucity of white working class adolescents in comprehensive service programs or to the ways in which this group meets the needs of adolescent pregnancy. Apparently, social services are available, although differing in quality, both to those who are capable of purchasing them out of pocket and to those who are subsidized by third party payments. Those persons, however, who support themselves but are "social service indigent" find it difficult to obtain essential services. Both the social service agencies and the abortion clinics, for example, initially served middle class women who could afford to purchase services, and later provided services to low income blacks who were subsidized by the State.

It appears that working class families have learned to care for their own pregnant adolescents without the aid of supportive services. This decision seems to reflect the working class' attitude towards social services. Mayer and Timms (1970) found that working class women only sought services if their informal networks proved inadequate. Even then they were not satisfied with the insight oriented therapy provided by the social welfare agencies because their problems seemed to be rooted in their financial situation, and not their psyches. Working class attitudes towards social services can also be seen in the current movements which oppose further expansion of the welfare state. The anti-busing and anti-abortion groups have both found their leadership within the working class.

CONCLUSIONS

Any evaluation of the trends in providing services to teenage parents must view both the inclusion of low income blacks in service programs and the legalization of abortion as positive expansions of the human service system. The continued exclusion of the working class from the service system, however, must be seen as a failure to meet the needs of a major social group. Unfortunately, very little is known either about the reasons for their exclusion or the ways in which they cope with adolescent pregnancy and parenting. Research must be directed toward determining the needs of these young people and programs acceptable to their life styles must be developed. Their large numbers make it impossible to ignore them and still claim to be making progress in ameliorating the problems of adolescent parenthood.

NOTES

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REFERENCES

Baldwin, Wendy. 1976. "Adolscent Pregnancy and Childbearing - Growing Concerns for Americans." Population Bulletin 31:1-36.

CARASA. 1979. Women Under Attack: Abortion, Sterilization Abuse and Reproductive Freedom. New York: Committee for Abortion Rights and Against Sterilization Abuse.

Campbell, Arthur. 1968. "The Role of Family Planning in the Reduction of Poverty." Journal of Marriage and the Family 30:236-245.

Furstenberg, Frank. 1976. The Social Consequences of Teenage Childbearing. New York: Free Press.

Guttmacher Institute. 1976. 11 Million Teenagers: What can be Done about the Epidemic of Adolescent Pregnancies in the United States. New York: Planned Parenthood Federation of America.

Howard, Marion. 1972. A Discussion of State Laws and State and Local Policies as they Relate to Education of Pregnant School-Age Girls. Washington, D.C.: Consortium on Early Childbearing and Childrearing.

Howard, Marion. 1968. The Webster School: A District of Columbia Program for Pregnant Girls. Washington, D.C.: Children's Bureau Research Reports No. 2.

Klerman, Lorraine V. and James F. Jekel. 1973. School-Age Mothers: Problems, Programs, and Policy. Hamden, Connecticut: Linnet Books.

Mayer, John E. and Noel Timms. 1970. The Client Speaks: Working Class Impressions of Casework. New York: Atherton Press.

Moore, Kristin and Steven Caldwell. 1976. Out-of-Wedlock Pregnancy and Childrearing. Washington, D.C.: Urban Institute.

Morisey, Patricia G. 1970. "Health and Social Services for Unwed Mothers." Pp. 12-27 in The Unwed Mother: Issues in Preventive and Helping Services. Boston: United Community Services of Metropolitan Boston.

Presser, Harriet. 1978. "Social Consequences of Teenage Childbearing." in Social Demography: The State of the Art. Cambridge: Harvard University Press.

Rosen, R. A. Hudson. 1976. Decision Making on Unplanned Problem Pregnancies. Washington, D.C.: NICHD Final Report.

De Vise, Peter. 1969. "Persistance of Chicago's Dual Hospital System." in Slum Medicine: Chicago's Apartheid Health System. Chicago: University of Chicago's Community and Family Study Center.

1970. Annual Report of Vital Statistics: Public Document No I. Boston: Commonwealth of Massachusetts, Department of Public Health.

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